

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 Main Street El Centro, CA 92243	
PETITIONER: RESPONDENT:	
ADVANCE MEDIATION FORM	CASE NUMBER: _____

1. Provide any of the following case numbers:

- ☐ Family Law: _____ ☐ Family Support: _____
☐ Domestic Violence: _____ ☐ Uniform Parentage Action: _____

2. A Controversy exists between the above named parties concerning (check all that apply and provide a brief explanation): ☐ Custody ☐ Visitation ☐ Other

3. Date of last Mediation Report: ____/____/____.

4. Do you have a current Domestic Violence Restraining Order?

- ☐ Yes (If yes, attach copy)
☐ No

5. Notice of Mediation Appointment:

Date: _____ **Time:** _____

Superior Court, Access Center
 939 Main Street, Lower Level, El Centro, CA

Please provide the following information. (Post Office Box if Domestic Violence is an issue.)

PETITIONER'S INFORMATION:

RESPONDENT'S INFORMATION:

Name:	
Mailing Address:	
City State/Zip:	
Home Phone:	Work Phone:
Relationship to child:	
Language:	
Attorney:	

Name:	
Mailing Address:	
City State/Zip:	
Home Phone:	Work Phone:
Relationship to child:	
Language:	
Attorney:	

6. Any information I have provided above and any attachment to this request is furnished in good faith in the hope of settling the controversy. I declare under penalty of perjury that the foregoing is true and correct.

 PETITIONER SIGNATURE AND DATE

 RESPONDENT- SIGNATURE AND DATE